Maine Clean Election Act Candidate

VENDOR FORM

for New Candidates & for Updates for Previous Candidates

Return this form to:

Please Note:

PLEASE PRINT CLE		Lynn Ware					
In order to receive MCEA funds, all MCEA candidates				Department of Administrative and Financial Services			
<u>must</u> become "vendors" in the state's accounting system.				Division of Financial and Personnel Services			
					Iouse Station, Augusta,		
* = MUST BE COMPLETED TO PROCESS				ONLY ONE NAME/VENDOR PER FORM			
Addre New Vendor Chang		Multi Address		Name Chang	Contact ge Update	EIN Change	
Social Security N	umber*		OD		EIN for	Campaign*	
S#	В		<u>OR</u>		E#		
Individual		Pleas	e fill in (ONE.	Please enter only a campa	aign EIN in this area.	
	This form will	l affect all tı	ransactions	with ALL	state agencies.		
NEW:*				OLD:			
Address where check is to be se	ent:			Old number:			
Name*				Name			
DBA or C/O				DBA or C/O			
Address*				Address			
Tel #*				Tel #			
Signature*				Contact Nar	me		
Print Name or Title				Phone Num	ber for Contact Name	_	
Date*	(within 3 month	s)					
	Informati	on on State	Agency Sub	mitting Ve	endor Form		
DAFS #74	Lyr	Lynn Ware, Accounting Technician 20°					
State Agency & SHS #		Contact Person Name & Title				Telephone #	

Maine Clean Election Act Candidate

Vendor Form Instructions

Please note: If you were a Maine Clean Election Act candidate in the 2004 election cycle <u>and</u> there are no changes to the information on the form, you do not have to complete a vendor form for the 2006 election cycle. If the payee name, address or contact information has changed since 2004, please submit a new form.

- 1. Please print clearly.
- 2. All areas marked with an asterisk (*) must be completed in order for you to become a vendor.
- 3. Mail completed form to: Lynn Ware, DAFS, 74 State House Station, Augusta, Maine 04333. Please expect an average of 5 days to process.
- 4. Please do not fax completed form (unless told to do so for urgent reasons. Please contact the Commission staff at 207-287-4179).

FIELD

INFORMATION NEEDED FOR FIELD

Boxes above SSN/EIN	Check the box(es) that are applicable. If you are a new vendor, only one will apply: "New Vendor".		
Social Security or EIN for Campaign	Enter the social security number of the candidate or the campaign employer identification number, but not both.		
New	If you are a new vendor, complete this section. If you are a vendor from the 2004 election cycle and the information on the form has changed, fill out the "New" and the "Old" sections.		
Old	Leave this section blank if you are a new vendor. If you are updating any information from the 2004 election cycle, enter the old information here.		
Name	Enter the candidate's name.		
DBA or C/O	Enter the campaign committee name (optional).		
Address	This is the address where MCEA funds will be sent. If EFT is used, this is the address where EFT verifications will be sent.		
Tel #	Phone number of the candidate.		
Signature	The candidate signs here.		
Date	Enter the signature date. The date cannot be more than 3 months old when received by Lynn Ware in Division of Financial and Personnel Services.		
Contact Name	Enter the candidate's or treasurer's name.		
Phone #	Enter the phone number of the "Contact Name".		